


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 027 ***150.00

DOCUMENT # P99000058482

1. Entity Name
WILSON & MIKA, P.A.



Principal Place of Business Mailing Address

1960 STICKNEY POINT ROAD **1960 STICKNEY POINT ROAD**
SUITE 207 **SUITE 207**
SARASOTA, FL 34231 **SARASOTA, FL 34231**

94025224



03022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

397 INTERSTATE BLVD **397 INTERSTATE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

SARASOTA, FLORIDA **SARASOTA, FLORIDA**

Zip Country Zip Country

34240 **U.S.A.** **34240** **U.S.A.**

4. FEI Number Applied For

65-0940641 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MIKA, MARCELLA M
1960 STICKNEY PT. RD. STE#207
SARASOTA, FL 34231


Name
MIKA, MARCELLA M.

Street Address (P.O. Box Number is Not Acceptable)
397 INTERSTATE BLVD

City State Zip Code

SARASOTA **FL** **34240**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **3/2/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MIKA, MARCELLA M 1960 STICKNEY PT. RD.-STE#207 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MIKA, MARCELLA M 397 INTERSTATE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WILSON, VICKI M 1960 STICKNEY PT. RD. STE#207 SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS WILSON, VICKI M 397 INTERSTATE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/2/04** DAY/TIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR